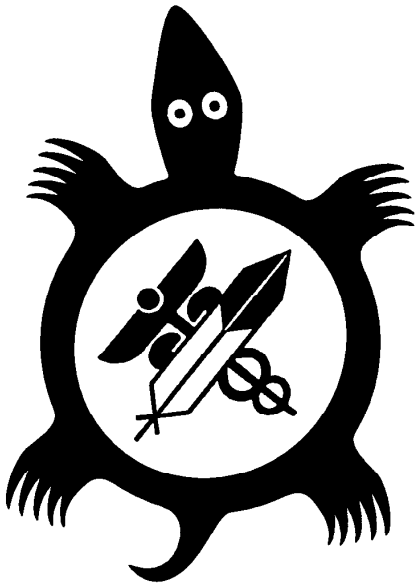
Public Health Support

Workgroup Report

September 1, 1999



Executive Summary

The full Public Health Support Workgroup report will be available through the IHS Home Page on the Web at www.ihs.gov after December 1, 1999.

EXECUTIVE SUMMARY
Final Report of the Public Health Support Workgroup
To the Executive Leadership Group
June 4, 1999
(Revised September 1, 1999)

Public health is an essential and, at least to a small degree, a residual function for the Indian Health Service (IHS). It represents an organized process that promotes physical, emotional, social, and spiritual health to prevent disease, injury, and premature death. Public health requires an integrated framework that guides the development and maintenance of an adequate public health infrastructure. The framework provided by the Public Health Support Workgroup (PHSWG or the Workgroup) defines the core public health functions and the essential public health services that are relevant for all local, regional, and national service levels, functions that are necessary for continued improvement in the health status of Indian people and communities.

It is imperative that a national public health presence continues, and that it be enhanced in specific functions. However, the traditional model of finding solutions for local problems at a national level is no longer valid, nor is the belief that any national function in Indian public health can only be provided by IHS. IHS, tribes, or Indian organizations possessing the necessary competencies could carry out the majority of the national functions. Regardless, adequate resources need to be preserved for these purposes, even with additional assistance from other entities.

The Executive Leadership Group gave the PHSWG five charges. The first two charges required the identification of an appropriate model to ensure continuation of public health services to direct, compacted and contracted tribal organizations. The PHSWG created a matrix of public health responsibilities to be carried out at the local, regional and national service levels that address these essential public health services. This matrix was based upon the ten essential public health services identified by the DHHS Public Health Functions Steering Committee. The PHSWG recommends that these defined responsibilities be met at their respective levels.

The maintenance of a national public health infrastructure is a critical element in the Workgroup's response to charges one and two. Using the above mentioned matrix, the PHSWG identified the necessary national services and type of staff to meet each role, as well as an estimate of the public health residual.. While recognizing that the IHS remains underfunded to fully carry out its mission and goal, the Workgroup proposes this mix as the absolute minimum staff required to maintain the public health infrastructure at the national level. In order not to be misinterpreted, these recommendations must be considered only in conjunction with the assumptions and conditions that accompany them.

The third charge required the identification of critical health data to assess and track public health. If the Agency does not adequately maintain information systems, it will not be able to maintain an effective public health system. Acknowledging the maxim that what gets measured gets done, the PHSWG designed a dynamic data collection model. This model maps the recommended minimal data elements for specific reporting requirements and/or advocacy needs. The Workgroup recommends that this method be used to maintain and update a list of minimal data elements, and serve as a basis to negotiate ongoing reporting agreements with tribes and urban programs. Furthermore, the Workgroup recommends that the responsibility for maintaining this list for all Indian health systems be delegated to the Information Systems Advisory Committee (ISAC).

The fourth charge required the development of new models for the delivery of public health services that emphasize collaboration. The PHSWG collected and examined many current programs that are successful in this respect. There are common elements among these varied models. The PHSWG

identified some of the similarities that can lead to successful implementation of a variety of community-initiated public health programs. A template is provided in the main report to serve as a guide to maximize the potential success of new programs.

The fifth charge required a process to provide for public health needs within a managed care environment. In order for a managed care program to include a public health perspective, it must have the capability to provide data collection and community driven public health services, in addition to appropriate individual care. If an IHS/Tribal/Urban (I/T/U) managed care program meets these criteria, the I/T/U delivery system can serve as an integrated community-oriented primary care model for the rest of the country. The PHSWG strongly recommends that the Agency maintain and expand its dialogue with the managed care community to promote public health concepts, and that it measure its level of needed funding by taking into account both individual and public health needs.

In December 1998, the Workgroup received an informal request (a sixth charge) from the Indian Health Leadership Council (IHLC) to amplify its original scope by making recommendations to the Internal Evaluation Team (IET) regarding any potentially residual public health functions within IHS Headquarters in a hypothetical 100% self-governance environment. The Indian health care landscape has been changing. Tribes and tribal organizations with new competencies and capabilities will begin to provide certain functions to IHS direct care programs and Area and Headquarters offices, instead of the other way around, including some public health functions. The Workgroup not only welcomes, but also deems as essential, increased tribal and Indian organization leadership in national public health functions. Nonetheless, it was the conclusion of the PHSWG that a small amount of residual public health responsibilities and functions would remain, even in a 100% compacted environment.

The adoption of the PHSWG recommendations throughout the Agency would result in increased organizational public health competency, which should be measured, tracked and reported. Communication of this report, as well as the follow-up actions, is critical to this process. The PHSWG believes that increased sharing of information and “best of practice” models are critical to the public health future of the Indian health care system.

We would like to thank the ELG for this unique opportunity to help influence the future of public health within the Indian health system. We believe that the health status of American Indian and Alaskan Native (AI/AN) communities can and will continue to improve through improved public health competency.

Summary of Recommendations

A. Charges #1 and #2.

Identification of essential public health support services to be provided to direct IHS sites, as well as to compacted and contracted sites that desire to receive these services. Specify ways to ensure the delivery of these services.

Attachment 1 shows the Responsibilities Matrix the PHSWG developed identifying local, regional and national public health services.

Additionally, the PHSWG recommends the following.

1. Develop an IHS special general memorandum for Dr. Trujillo's signature. This memorandum should reaffirm that the Indian Health Service is first and foremost a public health agency that is committed to devoting available resources as well as pursuing the additional resources necessary to assure that Indian people enjoy the benefits of public health.
2. Formally adopt by publishing in the Federal Register the mission and goal proposed in *Design for A New IHS*, the final report of the Indian Health Design Team. Namely:

   MISSION: The mission of the Indian Health Service, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level.

   GOAL: To assure that comprehensive, culturally acceptable personal and public health services are available and accessible to all American Indian and Alaska Native people.
3. Preserve, by setting aside for that purpose, adequate resources for carrying out essential national Indian public health services and responsibilities, whether performed directly by the Agency, or by other capable organizations. The current Workgroup has proposed a minimum number of positions that must be available to carry out these essential national public health functions.
4. Continually strive to structure regional and national public health efforts in a manner that is maximally support of local public health activities and needs.
5. Increase the number of I/T/U sites that can provide continuing education and training to improve performance of the essential public health services by financially supporting development of Indian public health training modules appropriate for administrative leaders, clinicians, and other staff. Make these modules easily accessible, e.g., via the Internet, and provide CEU, CME or other certificates of completion.
6. Specify in the scope of work of the Epidemiology Centers that, in consultation with the tribes they serve, they will develop a plan through which local Indian public health infrastructures can be strengthened. The plan would identify resources required beyond those currently available to the Epi Centers.
7. For Areas not yet served by an Epi Center, Headquarters should actively encourage Area or multi-Area assessments and prioritization of their unmet public health support needs. Headquarters should designate this as a residual public health function to assist in advocacy efforts.
8. Stimulate the development and use of model public health codes of various types by identifying a number of such tribal codes already in use. With the tribe's permission, make these codes more readily available to others.

9. Encourage local, regional, and national leaders to increase public health competencies for their facilities. Techniques for accomplishing this might include incorporating specific public health competencies in their personnel position descriptions and evaluations.
10. Incorporate specific efforts designed to improve public health competency and awareness into Indian health care leadership training.The Epidemiology Centers and others may be used to provide this public health direction and assistance
11. In order to create and strengthen critically needed public health support entities outside of IHS, seek FY 2001 appropriations to better fund all four (4) existing Epidemiology Centers (to a level of $500,000 each per year). Additionally seek FY 2001 funding for eight (8) more Centers (to a level of $500,000 each per year), thereby establishing one Epidemiology Center in each of the 12 Areas as was the original intent. Other entities should also be considered for public health funding.

B. Charge #3.

Identification of essential public health data necessary for IHS to perform advocacy and other core functions and how to ensure that this data will continue to be accessed from all delivery sites.

1. Use the attached data matrix (Attachment 2) that links a minimal set of required data elements to specific reporting requirements and/or advocacy needs to serve as a basis to negotiate reporting agreements with tribes and urban programs.
2. The responsibility for maintaining and updating this list for all Indian health systems should be placed within the scope and role of the Information Systems Advisory Committee (ISAC), a standing consumer advisory group to IHS's Division of Information Resources.
3. Ensure that future national repositories must accept data from all systems as long as it is transmitted in an acceptable, standardized format and transmission protocol.
4. Ask ISAC to evaluate the best way to display data from a public health perspective; incorporate a public health perspective into ISAC decision making by ensuring adequate clinical and public health representation on this committee
5. Provide adequate funding to support a national tribally run data project. (e.g. see Attachment 3.)
6. While assuring data security and confidentiality of *individual* information, explore ways that improved epidemiological information could be obtained through data sharing with other data repositories.
7. Promote and encourage increased on-site local access to data via online information systems. Demonstrate and advocate the benefits of improved connectivity to the local facilities responsible for funding these improvements.
8. Direct the development of an Indian public health Web site linked to the Indian Health Web Site. Assign responsibility for ongoing content maintenance and improvement to a specific entity or individual while ensuring that adequate clinical input is available.

C. Charge #4.

Recommend models for providing public health services to AI/AN people using a collaborative and integrative approach with other organizations

1. Distribute the full report of the PHSWG, making available CME and CEU's, to as many Indian health care programs as possible. This will demonstrate the resolve of the Agency to renew and strengthen its central focus on public health of Indian communities, while at the same time providing stimulus to strengthening local public health capacities and increasing collaboration.
2. Make 'best of practice' models and information about funding, resource availability, and evaluation available for tribes and other interested groups. This would include disseminating templates such as Attachment 4 for improved success of new programs to I/T/U shareholders. Ensure that this information remains current by designating a clinical point of contact to provide content management, similar to the *Provider*.
3. Support distribution and implementation of current community health assessment models. (See Attachment 5 for one example.) Identify and make resources available for technical assistance and training so that Indian communities can utilize successfully these instrument to document and monitor their overall health status.
4. Promote existing information clearinghouses by identifying and linking to the IHS Web site and the proposed Indian public health site (see Charge 3 Recommendation #7 above). These linked sites would include national epidemiological data, successful programs in prevention and public health and technical assistance to tribes, urban Indian Centers and the regional Epidemiology centers.
5. Increase active steps to foster national Indian public health leadership capabilities in interested Indian organizations (for example, the Epidemiology Centers, the NICOA Data Project, the Center for Native American Health). Establish effective partnerships with universities and other public and private entities.
6. Use existing IHS evaluation proposal funds to specifically strengthen public health infrastructures at the local level, including making funding available to non-IHS organizations with an Indian health focus that can assist with this capacity building. Evaluate the improved health outcomes that result from this improved public health infrastructure.

D. Charge #5.

Develop a plan to assure the provision of adequate public health support within the expanded managed care environment.

1. Assure appropriate costs for necessary public health activities are added into any measures of "level of need funded" (LNF) or of any capitation amounts determined as appropriate for reimbursement of Indian health care services. It is the PHSWG's understanding that the current LNF Workgroup is addressing this matter.

2. Include health care economist and heath actuary position in the mix of types of staff needed to help carry out essential public health functions

3. Request that the IHS Managed Care Committee begin to nurture mutually beneficial relationships with organizations such as managed care trade associations and the National Committee for Quality Assurance are nurtured.

4. Encourage IHS Areas to identify successful approaches in reaching agreements with third party insurers who cover significant numbers of AI/ANs in order to obtain epidemiological significant information for mutually beneficial purposes. The managed care committee should develop a prototype and encourage areas to pilot a process that will identify and make available this new effort.

5. Create a mechanism that will enable best public health practices in Indian health care settings to be readily shared, either on the internet or the IHS intranet, including a ready means to obtain approval of new content, and to promptly publish it electronically.

E. Charge #6.

Comment on whether there would be any "residual" public health functions at IHS Headquarters in a hypothetical 100% Self-governance compacted environment. If yes, what are the functions and estimate the resources needed.

The PHSWG concluded that a small amount of residual public health responsibilities and functions would remain, even in a 100% compacted environment. Using the responsibility matrix developed as the basis for this work in Charges 1 and 2, the PHSWG identified the necessary national, regional and local services and type of staff to meet each role, as well as a determination of the public health residual.

FUNCTIONS	NATIONAL Type of Staff	# FTEs	REGIONAL Type of Staff	LOCAL Type of Staff
1. Monitor health status to identify community health problems.				
	medical informaticists	5	data manager	data manager
	data managers	4.5	epidemiologists	
	epidemiologist	1	statistician	
	statistician	1		
	public health advisor *	2		
2. Diagnose and investigate health problems and health hazards in the community.				
	data manager	1	epidemiologists	PHN
	medical epidemiologists	2	statistician	environmental health specialists
	epidemiologist	2	PHN	
	statistician	1	environmental health specialists	
	environmental health specialist	2.5		
3. Inform, educate, empower people about health issues.				
	public health advisor *	4	public health advisor *	public health advisor *
4. Mobilize community partnerships and coalitions to identify and solve health issues.				
	director	1	public health advisor *	public health advisor *
	senior public health consultant	1		CHR
	public health advisor *	3		PH nutritionist
	deputy director/ intergovernmental affairs	1		
	budget analysts	2		

FUNCTIONS	NATIONAL Type of Staff	# FTEs	REGIONAL Type of Staff	LOCAL Type of Staff
5. Develop policies and plans that support individual and community health efforts.				
	public health advisor *	5.5	public health advisor *	PH Advisor
	health planner	1		
	health policy analyst	1		
6. Enforce laws and regulations that protect health and ensure safety.				
	attorney	1	attorney	attorney
	public health advisor *	1	sanitarian	sanitarians
			public health advisor *	
7. Link people to needed personal health services and assure the provision of health care.				
	public health advisor *	2.5	health care planner	Executive Committee **
	engineer	1	public health advisor *	
8. Assure a competent public health and personal health care workforce.				
	recruitment	2	CMO	site manager
	information specialist	1	recruitment	QA director
	QRP (health professional & paralegal)	3	public health advisor *	patient advocate
	public health advisor *	6		AdHoc group ***
				recruitment
9. Evaluate effectiveness, accessibility, and quality of personal and public health services.				
	Organization Performance Team		public health advisor *	site manager
	public health advisor *	10	epidemiologist	QA director
	epidemiologist	1	medical informaticist	patient advocate
	data manager	1		AdHoc group**
	statistician	1		
	medical informaticist	1		
	health economist	1		
	health actuary	1		
	business officer consultant	1		
10. Research for new insights and innovative solutions to health problems.				
	IRB and Research	4	IRB	health planner
Total FTEs		**80**		
Residual		***12***		

Assumptions and operating definitions

National = HQ

Regional = Area There are 12 Areas.

** Public health advisors are defined as individuals with public health skills that will benefit the program (e.g. public health nursing; nursing; physicians; mental health; sanitarians ;engineers; epidemiologists; MPH training individuals; etc.). See Attachment 6 DFEE Public Health Functions*

*** Represents health director, business mgt, medical director*

**** Executive Committee + (PHN, nutritionist, tribal medical director, sanitarian, engineer, Head Start, behavioral health, community health, business office, Governing Board, health administrator, and appropriate community/tribal members)*

ATTACHMENT 1: PUBLIC HEALTH RESPONSIBILITY MATRIX (Continued)

ASSESSMENT

1. Monitor health status to identify community health problems.

Local	Regional	National
Provide appropriate access to local databases	Provide appropriate access to regional databases	Provide appropriate access to national database
Assess local needs and aggregate, assimilate, and analyze local data	Collect, aggregate, assimilate, and analyze regional data	Collect, aggregate, assimilate, and analyze national data
Interpret, communicate, and advocate	Interpret, communicate, and advocate	Interpret, communicate, and advocate
Promote participation in data collection – work with tribes and others in inventory of needs	Promote participation in data collection	Promote participation in data collection
Build competencies at local level	Build competencies at local level	Build competencies at regional and local levels
Collaborate with state and other local resources	Collaborate with state and other local resources	Collaborate with Federal and other national resources
Community assessment and planning		Develop uniform data and case definitions; standardize analytic approaches

2. Diagnose and investigate health problems and health hazards in the community.

Local	Regional	National
Help to ensure a safe and healthy institutional environment for staff, patients and others; assist tribes in investigation of environmental problems	Provide expertise in diagnosis and investigation of public health problems including assessment and remediation of environmental hazards	Provide expertise in diagnosis and investigation of public health problems including assessment and remediation of environmental hazards
Diagnosis and investigation of public health problems that span multiple communities	Diagnosis and investigation of public health problems that span multiple tribes/service units	Diagnosis and investigation of public health problems that span multiple regions
Collaboration, coordination, and control of response among Federal, state and county agencies	Collaboration, coordination, and control of response among Federal, state and county agencies	Collaboration, coordination, and control of response among Federal and state agencies
Develop community response teams	Support community response teams	Define standards for investigation
Respond to public health emergencies and disasters	Respond to public health emergencies and disasters	Respond to public health emergencies and disasters ; provide expertise in emergency response plan
Ensure and maintain cultural respect and sensitivity	Ensure and maintain cultural respect and sensitivity	Ensure and maintain cultural respect and sensitivity

3. Inform, educate, empower people about health issues.

Local	Regional	National
Interpret, present, communicate to communities and others to advocate for local health needs	Interpret, present, communicate to States and others to advocate for regional health needs	Interpret, present, communicate to Congress, OMB and others to advocate for Indian health needs
Provide feedback from monitoring health status	Provide feedback from monitoring health status	Provide feedback from monitoring health status
Support education of local community leaders, including training for tribes on reporting needs	Support education of local community leaders	Support education of local community leaders
		Interpret national public health policy for providers at region and local levels

POLICY DEVELOPMENT

4. Mobilize community partnerships and coalitions to identify and solve health issues.

Local	Regional	National
Collaboration and coordination • Federal agencies • County agencies • Universities • Community colleges • Professional Agencies	Collaboration and coordination • Interdepartmental partnerships • Federal agencies • State agencies • Professional agencies • Universities	Collaboration and coordination • Interdepartmental partnerships • Federal agencies • State agencies • Universities • Professional Agencies
Influence, advise policy at Federal/state/local levels	Influence, advise policy at state/county levels	Influence, advise policy at Federal/state/local levels
Identify potential partners	Identify potential partners	Identify potential partners
Develop local community partnerships and coalitions using accepted community mobilization strategies	Promote local community partnership and coalition development	Promote local community partnership and coalition development

5. Develop policies and plans that support individual and community health efforts.

Local	Regional	National
Collaborate with state and local organizations involved in public health to represent Indian health system concerns	Develop and make available sample policies/best practices regarding public health for local adoption	Develop and make available sample policies/best practices regarding public health for local adoption
Provide consultation and local involvement	Promote consultation and local involvement	Assure consultation and local involvement
Develop local health codes and policies that address local health concerns	Collaborate with state and regional organizations in public health to represent Indian health system concerns	Collaborate with national organizations in public health (i.e. ACIP, CDC, HUD, DOJ, EPA, FDA, etc.) to represent Indian health system concerns
Develop community health plans that incorporate resources; address priority health issues; establish short and long term goals and objectives; identify staffing and funding needs	In conjunction with I/T/U, insure strategic planning process regarding health issues	In conjunction with I/T/U, insure strategic planning process regarding health and safety issues
Lobby for health concerns at the local, state, and national levels		Advocate at all levels for tribes.

POLICY DEVELOPMENT (continued)

6. Enforce laws and regulations that protect health and ensure safety.

Local	Regional	National
Provide legal advice regarding tribal laws, codes and regulations	Provide legal advice regarding Federal laws, codes and regulations	Provide legal advice regarding Federal laws, codes and regulations
Implement local health plans	Assist with the development of local codes (i.e. develop model codes); work with OSHA, research codes, reporting of infectious diseases, fluoridation, toxic substances, etc.	Assist with the development of local codes (i.e. develop model codes); work with OSHA, research codes, reporting of infectious diseases, fluoridation, toxic substances, etc.
Enforce Federal and tribal laws, codes and regulations		Disseminate information nationally to IHS and tribal staff

7. Link people to needed personal health services and assure the provision of health care.

Local	Regional	National
Develop agreements or networks with appropriate local and state entities to provide needed services not provided by Indian health	Develop agreements with appropriate entities to provide needed services not provided by Indian health	Develop agreements with other entities to provide needed services not provided by Indian health (i.e. VA, State AODA/MH services, public health, facilities, etc.)
Define gaps in services at the local level, including urban Indian issues, and advocate for appropriate changes (e.g. border health projects)	Define gaps in services at the regional level, and advocate for appropriate changes, and develop Tele-medicine capabilities	Define gaps in services in the Indian health system, and advocate for appropriate changes
Assure adequate biomedical and facility planning, design, and implementation to accommodate needs	Address multi-national issues regarding tribal enrollment, border health issues	Address multi-national issues regarding tribal enrollment, border health issues (e.g., injury prevention, water and sewer) and establish international relationships
Develop health services based on community needs to assure community support systems (i.e. school clinics, EMS, telephone, police, sanitation, outreach, home health, etc.)		

ASSURANCE

8. Assure a competent public health and personal health care workforce.

Local	Regional	National
Establish and implement policies dealing with patient and employee satisfaction, grievances, and adverse incidents. Define staffing needs to maximize efficiencies.	Support and assist capacity of local level infrastructure	
Assure compliance with policies governing credentialing of licensed professionals. Assure mechanisms exist to obtain competent health care professionals to provide backup coverage. Establish on-going quality improvement system that includes peer review.	Shared development of appropriate clinical objectives	Develop policy governing credentialing and privileging of licensed professionals
	Arrange for and assist training of local staff, increasing public health expertise	Arrange for and coordinate national training opportunities that are unique for Indian public health care providers
Create relationships with local agencies, universities, community colleges, school systems to provide varying opportunities for career development, research, and subspecialty care.	Create regional relationships with agencies, universities, and states.	Create relationships with other agencies, universities, and foundations to provide varying opportunities for career development, research, and subspecialty care
Advocate for competitive salary structures and incentives for high quality staff	Advocate for competitive salary structures and incentives for high quality staff. Identify hard-to-fill positions because non-competitive salary structures.	Advocate for competitive salary structures and incentives for high quality staff
Promote leadership training that incorporates public health	Promote leadership training that incorporates public health	Promote leadership training that incorporates public health
Describe events that resulted in tort claims. Provide technical assistance to QRP.	Provide technical assistance to QRP.	Provide guidance to Dept. of Justice related to standards of care for tort claims (QRP).
Recruit competent staff on behalf of Indian health system. Develop competent human resource management departments.	Recruit competent staff on behalf of Indian health system	Recruit competent staff on behalf of Indian health system

ATTACHMENT 1: PUBLIC HEALTH RESPONSIBILITY MATRIX (Continued)

ASSESSMENT (continued)

9. Evaluate effectiveness, accessibility, and quality of personal and public health services.

Local	Regional	National
Assure community input for open discussion and feedback with health staff	Assure the "Indian voice" in developing goals for Healthy People 2010	Assure the "Indian voice" in developing goals for Healthy People 2010
Establish on-going evaluations of unmet needs and access to care.	Facilitate development of accurate regional tribal specific data	Develop national and regional data for comparison
Evaluate outcomes and incorporate results into health planning efforts.	Disseminate regional data back to tribes	Assemble national outcome data (i.e. GPRA, ORYX, HP 2000, HP 2010, HEDIS, Narrowing the Gap, etc)
Establish on-going facility and community-wide quality improvement approaches that include peer review and patient satisfaction surveys.	Facilitate exchange of local programs that will help all achieve and maintain accreditation	
	Cooperatively setting the desired GPRA measures with the tribes	Negotiate GPRA outcome measures with high authorities
Establish mechanism to incorporate improvements into public health programs	Modify review process to meet regional and local needs	Develop policy for review of public health programs

10. Research for new insights and innovative solutions to health problems.

Local	Regional	National
Seek and attract funding by collaborating with researchers to support research that would be helpful to American Indians/ Alaska Native people	Seek and attract funding by collaborating with researchers to support research that would be helpful to American Indian/Alaska Native people	Seek and attract funding by collaborating with researchers to support research that would be helpful to American Indians/ Alaska Native people
Assure that tribal desires with respect to data ownership, return of research findings, etc., are carried out.	Assure respect for tribes' perspectives with all research involving their members.	Establish on-going policies that include tribal review and approval to maximize benefits and minimize risks of research to individuals, communities and tribes
Participate in tribally approved research.	Help protect human subjects while encouraging useful research	Promote positive, strength-based research

ATTACHMENT 2: Uniform Set(s) of Nationally Aggregated Data

This appendix material is contained in a spreadsheet file “Attach 2 National DB.”

ATTACHMENT 3: NICOA Data Project

Title of the Public Health Program: NICOA/Diabetes Program Data Project

Contact: Dave Baldridge, Director, NICOA; Drs. Kelly Acton and Stan Griffith.

Program goals: 1) See if useful diabetes outcome measurements can be performed on a national database aggregated from that information already being collected at local I/T/U facilities; 2) Integrate that data with data available from other federal agencies to expand its utility, enhance diabetes surveillance, and provide a more complete picture of diabetes and its complications in Indian people; 3) Provide meaningful data to tribes based on what they define as meaningful, in tribally-specific ways; 4) Accommodate all the various clinical information systems being used locally; 5) Develop a collaborative partnership with an national Indian organization to meet this need outside of IHS in the I/T/U setting.

Program Funding Sources: IHS Diabetes Program contracts ($136,000 total) with additional IHS staff support from both the IHS Diabetes and Research Programs.

Population served: 5 pilot sites during the first year, with eventual expansion to all I/T/U sites nationally (and the populations they serve).

Public Health Services Provided: 1) Monitor health status to identify community health problems; 2) Investigate health problems and health hazards in the community; 3) Inform and educate people, communities, and Tribes about health issues; 4) Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

Names of Participating Collaborating Agencies and Organizations: National Indian Council on Aging, Indian Health Service, HCFA, CDC, NCVHS, Bureau of Census, BIA, USGS, EPA.

Outcomes of the Program: Program is in its first year.

ATTACHMENT 4: Factors for Increasing the Success of a Public Health Program

Factors for Success	**Organizational Involvement**				
	Tribal	***Health Care Providers***	***Local Community***	***State/National***	***Non-government***
Baseline Needs Assessment					
Consultation Process					
Plan Based on Public Health Principles					
Communication Network					
Funding Resources/ In-kind Services					
History of Collaboration					
Process for Coalition Building					
Inclusion of All Shareholders					
Evaluation Plan					

ATTACHMENT 5: Indian Community Health Profile Instrument

Title of the Program: An Indian Community Health Profile Instrument

Contact: Dee Robertson, M.D., Director
Northwest Tribal Epidemiology Center (*The EpiCenter*)

Program Goal: Overcome the limitations of standard measures of health status, which largely are not useful for small communities, in order to provide meaningful guidelines to Indian communities wishing to assess their overall health.

Program Funding and/or Participant Sources:

Northwest Tribal Epidemiology Center
Indian Health Service
- Headquarters East
- Portland Area
- Oklahoma Area

Two Northwest Tribes
Northwest Portland Area Indian Health Board
Oregon Health Sciences University School of Public Health
Centers for Disease Control
Other funding requests pending

Population Served: Specifically targeted to tribal communities of approximately 3000 to 5000 members, and potentially also useful for tribal communities larger and smaller than this.

Public Health Services Provided: A brief, "user friendly" set of tribally and professionally reviewed data elements, covering multiple domains of health (e.g., dental, educational, medical, social) that can be successfully used by Indian communities to assess and monitor their overall health status. Unlike most of the "standard" measures of morbidity and mortality, these indicators are designed to be appropriate and valid for use in the "average" small Indian community. An important part of the services will also be technical assistance in implementing the system, and to the extent desired and feasible, assistance with analysis and design of appropriate interventions.

Outcomes of the Program: The set of Indian community health status indicators is now in its final stages of review and input. Measures of success will be how widespread its use becomes, and how useful it proves to be as a tool for communities in improving their health.

ATTACHMENT 6

Public Health Functions
Division of Facilities and Environmental Engineering[1]

- Health Care Facilities Construction
- Health Care Facilities Management
- Realty
- Clinical Engineering
- Sanitation Facilities Construction Program

Prevents Epidemics and the Spread of Disease

- Surveys and inventories the sanitation needs of American Indians and Alaska Natives (1)[2]
- Prioritizes the sanitation needs and develops projects based on health criteria, engineering data (5)
- Provides potable water facilities, wastewater disposal facilities, and solid waste disposal facilities and equipment for communities and individuals in collaboration and coordination with tribes and Federal, state and local agencies (4,7)
- Provides technical assistance and training to establish tribal programs and local codes for the safe and proper operation of drinking water and wastewater facilities (3,5,6)
- Coordinates with EPA, tribes, and states on all aspects of pollution prevention (2)
- Monitors/inspects environment (air, food, radiation, water, etc.) of health care facilities (1)
- Investigates waterborne disease outbreaks and tribal non-compliance with regulatory standards for drinking water (2)

Protects Against Environmental Hazards

- Assesses and re-mediate conditions in health care and other facilities to comply with environmental law/executive order (2)
- Investigates and coordinates the cleanup of environmental pollution events at the request of tribes (e.g., illegal hazardous waste dumping) (2)

Prevents Injuries

- Provides engineering support to the injury prevention specialists to analyze injury trends and develop intervention strategies. (5)
- Constructs/renovates facilities in conformance with American Disability Act (7)

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[1] Does not include the IHS Environmental Health Program activities (typically performed by sanitarians) that fall under the Division of Community and Environmental Health

[2] Numbers in parentheses refers to which of the 10 essential public health functions this activity falls under.

Promotes and Encourages Healthy Behavior

- Provides homeowner training to promote the proper use of home plumbing for personal sanitation (3)
- Promotes drinking water fluoridation (3)

Responds to Disasters and Assists Communities in Recovery

- Provide engineering assistance in development of emergency response plans (regional/local) (2)
- Provides environmental health and engineering services to tribes and IHS locations when emergency events arise; coordinates response and recovery with local, state, and Federal agencies (2)
- Assesses environmental health and engineering needs arising from a Federally declared disaster; coordinates assignment of staff to address identified need under responsibilities in the Federal Response Plan (2)

Assures the Quality and Accessibility of Health Services

- Conducts life safety code surveys of all health care facilities operated by IHS, urban health, and tribes. (6, 9)
- Designs, constructs, and maintains facilities for the provision of health services (7)
- Monitors biomedical equipment for accuracy and effectiveness and repair as needed (7)
- Provide training and technical support to IHS and tribal environmental health and engineering staff (8)
- Sanitation program evaluations (9)
- JCAHO accreditation activities (9)